

IMPROVEMENT PERMIT

011706

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) Joshua Fink ☒ New Installation ☒ Septic Tank
 Property Location: SR# 2048 Bethel Baptist ☐ Repairs ☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 (28x80) Lot Size: 81.14 AC

Basement with Plumbing: ☐ Garage: ☐ Meet on site - keep system
 Water Supply: ☒ Well ☒ Public ☐ Community with in my Blue Flags
 Distance From Well: 100 ft. 4/3/0

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☒ Conventional ☐ Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
 Drainage Field ditches 4 of each ditch 100 ft. ditches 3 ft. ditches 18 in. ^{MAX}

French Drain Required: _____ Linear feet

To SR
 This permit is subject to revocation if site plans or intended use change.

Date: 03-15-01

Signed: Joe Lundy

Environmental Health Specialist

NOTE Keep well 100'
 From septic system

Field

Meet on site
 keep system within
 my Blue Flags

MUST sleeve Pipe
 when crossing under
 Farm path

MUST maintain all
 set back

Farm path

Blue
 Flags

Blue
 Flags

400
 28
 x 80

Pvc Pipe
 must be
 sleeved with
 Ductik Iron or equal
 when crossing
 under Farm path

Do not Drive or park on septic system

HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18268. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.

Owner or Authorized Agent Joshua Fink

Name: _____ Telephone # 497-6745

Address: _____

Property Location: SR # 2048 Road Name _____

New Installation ☒ Repair _____ Septic Tank ☒ Nitrification Lines ☒

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 4(28x10) Lot size: 81.14A

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well ☒ Public _____ Minimum Well Setback: 100 ft.

Type of System: Conventional ☒ Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 4 Length of lines 100

Width of ditches 3 ft. Depth of ditches 18 inches

French Drain: Linear feet required _____ Depth of gravel _____

No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the improvement permit and that a valid operations permit has been issued.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 03-18-01